TRANSMITTAL SLIP DATE
TO: D/DCI/NIO
ROOM NO. / BUILDING / HQs
GEDREE INDICATE
THIS IS WHAT YOUSAID.  THIS IS WHAT YOUSAID.  JEYOU HAVE CHANGES PLEASE  MARKTHE COPY AND  RETURN IT.
RETURN 17.
FROM: 0/0CJ/IC
ROOM NO.   BUILDING   EXTENSION   Yalk
FORM NO . 241 REPLACES FORM 36-8 WHICH MAY BE USED. (47)

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